

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
2									
3									
4									
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6									
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21									
22									
23									
24	1								
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32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45	1								
46									
47									
48									
49									
50									
<b>TOTAL IND.</b>							<b>8</b>		
<b>TOTAL DEP.</b>							<b>51</b>		
<b>TOTAL CLAIMS</b>							<b>59</b>		
<small>* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS</small>									